



TARGETED OUTREACH

Civil Service Workers: How Local and State Government and Justice Personnel Can Make a Difference

Everyone is affected; no one is immune...

Substance use disorders can affect anyone—all ages, races, and communities. Alcohol and drug addiction affect parents, college professors, even Members of the United States Congress. A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including prescription drugs.¹

Each year, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) urges every American to "join the voices" in a collective effort to raise awareness about the opportunities for and value of recovery. This September, for the 19th annual **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**, SAMHSA is urging everyone to speak up about their experiences with substance use disorders.

To help start the conversation, and to coincide with this year's theme, **"Join the Voices for Recovery: Real People, Real Recovery,"** we are highlighting individual stories of long-term recovery in depth. Here, you will read about an elected official who battled his substance use disorder, along with tips on what government and justice system employees, as well as child welfare and social service workers, can do. The following story is told by United States Congressman Jim Ramstad (R-MN). A congressman from the third district of Minnesota since 1991, Ramstad has a distinguished career in public service. He also is in long-term recovery from alcoholism.

A breakthrough...



**Representative
Jim Ramstad**

"On July 31, 1981, I woke up from my last alcoholic blackout in a Sioux Falls, South Dakota, jail cell, under arrest for disorderly conduct and resisting arrest. After my release from jail, I was fortunate to enter St. Mary's Rehabilitation Center (now Fairview Recovery Services) in Minneapolis, where I started on the road to recovery.

"I am alive and sober today only because of the grace of God, my treatment experience, and the program of recovery.

"At St. Mary's, I was taught by Counselor Cal and others how to clean house and live a sober lifestyle. I learned to live life on life's terms and depend on my Higher Power and the fellowship of others in recovery."

Congressman Ramstad isn't alone. In 2006, 22.6 million people aged 12 or older had substance use disorders in the past year. Like many others suffering from a substance use disorder, Congressman Ramstad was successfully employed. Specifically:

- More than three-quarters of people aged 18 or older who had a substance use disorder were employed.
- Among the 54 million adult binge drinkers in 2006, 42.9 million (79.4 percent) were employed either full or part time.
- Among the 16.3 million heavy drinkers, 12.9 million (79.2 percent) were employed.²



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Many Americans have started on personal recovery journeys. Through treatment and long-term recovery from alcohol and/or drug dependence, millions of Americans and their families have been able to reclaim their lives, contribute fully to their communities, and help further the powerful message that recovery is possible.³ Congressman Ramstad's course happened to be through a treatment center, though there are many other methods, such as outpatient therapy and self-help groups.

When more people receive treatment for a substance use disorder, a community experiences benefits that trickle down to everyone, including people in the criminal justice system. For example, one group of inmates who received treatment for a substance use disorder had re-arrest rates drop from 75 percent to 27 percent.⁴ Inmates also were more likely to receive treatment, with the number of inmates who participated in treatment or other recovery support programs growing nearly 10 percent (between 1996 and 2002) among those who used alcohol or drugs at the time of their offense or on a previous occasion.⁵

Families also benefit from the healing power of recovery. After people complete treatment, there is a 19-percent increase in employment and an 11-percent decrease in the number of people who receive public support, such as welfare.⁶ Because of their long-term recovery from addiction, more people are transforming their communities by holding jobs, avoiding incarceration, and reuniting with their families.

A disease with a face...

"In addition to being a person in recovery, I have also served in the U.S. House of Representatives since 1991. I represent Minnesota's 3rd District, and serve on the House Ways and Means Committee and as Ranking Member of its Oversight Subcommittee. I am also a member of the Health Subcommittee.

"I've actually been involved in public service nearly my entire adult life. In my early 20s, after graduating from the University of Minnesota and the George Washington University Law School, I worked as a staff member on Capitol Hill. I was also an officer in the United States Army Reserve from 1968 to 1974.

"My political career began in the Minnesota State Senate, where I served from 1981 to 1990 before entering the U.S. Congress.

"While I am deeply committed to my career as a public servant, nothing is more important to me than my long-term recovery from alcoholism. I haven't had a drink in 26 years and I'm living proof that people can recover one day at a time from this deadly disease. That's why I have made a point to tell my story on national TV, at Congressional hearings, and to anyone who reaches out for help.

"My story of alcoholism and recovery is similar to many of the stories I hear. I drank for 12 years, binge drinking for the last few years, mostly on weekends. Today, I'm convinced that if I hadn't ended up in that Sioux Falls jail cell, and then gotten into treatment and on the road to recovery, I would surely be dead by now.

“But at the time, I thought that being in that lonely jail cell was the worst thing that had ever happened to me. I didn’t want to see anybody, and I certainly didn’t want to face my alcoholism. Yet over time, I realized the more honest I was about my problem the better I felt. The more I opened up, the more people came forward to support me.

“I remember early on in my recovery somebody asked me, ‘Would you be embarrassed to talk about your disease if you had cancer or diabetes?’ I said, ‘Of course not.’ They said, ‘Well, you have a disease.’”

Substance use disorders are complex and can co-occur with mental health disorders. Substance use disorders, as well as co-occurring disorders, are medical conditions that can be effectively treated, just as numerous other illnesses are treatable.^{7,8} Treatment for drug use disorders is just as beneficial as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁹

Even though people can be treated for an addiction, if someone continues down a destructive course, he or she might face other chronic illnesses. Substance use disorders cause more deaths, illnesses, and disabilities than any other preventable health condition. Heavy drinking contributes to illness in each of the top three causes of death: heart disease, cancer, and stroke. Cirrhosis (liver scarring) is the 10th leading cause of death and is largely preventable—nearly half of all cirrhosis deaths are linked to alcohol. Drug-related deaths are typically underestimated, as many tolls do not take into account deaths from associated diseases, such as hepatitis, tuberculosis, homicides, falls, and motor vehicle crashes.¹⁰

Addiction doesn’t simply negatively affect a person’s health, it can tear the fabric of many community institutions, such as the criminal justice and social service systems. In 2002, more than two-thirds of jail inmates were found to abuse or depend on alcohol or drugs. Jail inmates who met the criteria for a substance use disorder were also twice as likely to have been homeless in the year before their offense or have a parent or guardian who abused alcohol or drugs than those who did not have a substance use disorder.¹¹

Nearly 750,000 people in state and federal prisons are parents to approximately 1.5 million children. As many as 80 percent of families in the child welfare system have a family member with a substance use disorder.^{12, 13} Children whose families do not receive appropriate treatment for substance use disorders are more likely to remain in foster care longer and re-enter the system once they have returned home.¹⁴

Family and social service workers can turn these problems around and ultimately improve the lives of children who have a parent struggling with a substance use disorder. Family and social services personnel can help the child get involved in specialized educational support groups provided by local schools, faith communities, youth organizations, child welfare agencies, and treatment centers. These programs can help children develop strong social skills and a close bond with a caregiver.¹⁵

Parents also benefit from the valuable resources that fit their specific needs. According to one study, women who stayed in comprehensive treatment longer than 3 months were more likely to remain alcohol and drug free than those who left within the first 3 months of treatment (68 percent versus 48 percent).¹⁶ These programs for parents with substance use disorders help improve their lives and help them resume their parenting roles.



Helping others...

"Today, telling my story of recovery is part of telling people who I am. I have also used my experience to try to expand access to chemical dependency treatment for others. In September 1997, I introduced a bill in Congress to guarantee equal insurance protections for people recovering from chemical addiction. While we have made some progress in this area over the past 10 years, we still have a long way to go.

"Representative Patrick Kennedy (D-RI) and I also launched the bipartisan *Addiction, Treatment, and Recovery Caucus* in 2004 to educate lawmakers about the devastating effects of chemical addiction and the promise and possibility of recovery. Members of Congress must realize that addiction to alcohol and other drugs is truly America's #1 public health problem.

"My good friend, the late Senator Paul Wellstone, used to remind me that it took 40 years to enact a comprehensive civil rights law. I believe equitable treatment for people suffering from chemical addiction represents the next great civil rights debate. And while I hope it won't take another 40 years to enact *The Paul Wellstone Mental Health and Addiction Equity Act*, I will not rest until we begin treating addiction as a disease. The American Medical Association (AMA) classified alcoholism as a disease over 50 years ago, and it is long overdue for it to be treated like the progressive, fatal disease it is!"

Treatment and recovery continue to enhance the quality of life for people with substance use disorders and their families. The individualized treatment methods, criminal justice interventions, and legislative policies discussed below are the cornerstones necessary to help your community, just as Congressman Ramstad helps his every day.

Individualized and family treatment

Embarking on a path of recovery hinges on people with substance use disorders getting the type of treatment they need, when they need it. Just as substance use disorders affect people regardless of race, gender, or age, treatment should be personalized to best confront addiction.¹⁷

A successful treatment program that matches treatment settings, interventions, and services to each individual's specific problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.¹⁸ Some examples of how treatment could differ between unique groups are:

- Older adults with substance use disorders have been shown to respond well to age-specific, supportive, and non-confrontational group treatment that aims to build or rebuild self-esteem.¹⁹
- Among juvenile offenders, the most effective treatments are behavioral therapies, intensive case management, cognitive-behavioral skills training, family-oriented therapies, and multi-systemic therapy.²⁰

Because substance use disorders affect the entire family, everyone should be involved in the treatment and recovery process. This includes pooling resources and support from many different family and social service departments.

Families who face addiction and are involved in the child welfare system require a comprehensive array of services and support networks to achieve long-term recovery from addiction, including access to housing, transportation, therapy (including family and trauma recovery services), and child care.²¹

Criminal justice interventions

More than 60 percent of arrestees have tested positive for at least one drug, regardless of the type of offense, and over one quarter of adult male arrestees have met the criteria for either abuse or dependence at the time of their arrest.²² Given the prevalence of substance use disorders among people in the criminal justice system, it is important to have an array of responses available, from diversion programs to supervised treatment for felony offenders and programs for parolees.

Prosecutorial diversion programs give defendants an opportunity to elect “drug school” as part of their plea, and they avoid further prosecution if they attend the required drug school sessions.²³ TASC (Treatment Alternatives for Safe Communities) programs provide a framework for linking the justice system to community-based treatment, moving offenders through a range of sentencing options, from deferred prosecution or pretrial release through probation or incarceration and parole. For more information, please visit www.tasc.org.

Drug courts and other alternative sentencing options ensure consistency in judicial decision-making and enhance the coordination of agencies and resources, ultimately providing a comprehensive array of services that has been shown to improve treatment outcomes.²⁴ Coordinated treatment incorporates elements from different services and departments, such as family, child care, vocational, financial, housing, medical, and legal services. The best programs provide a combination of therapies and other services to meet each person’s needs.²⁵

Drug courts have proven to be successful in narrowing the gap between the court and the treatment system. More than 300,000 adults and 12,500 juveniles have been enrolled in drug courts through 2003, and 73 percent of graduates retained or obtained employment.²⁶ Drug courts also impel greater cooperation among various agencies and personnel within the justice system, as well as between the justice system and the entire community.²⁷

Unified family courts also collaborate with other social agencies to help families dealing with dependence and abuse. A unified family court combines all the essential elements of traditional family and juvenile courts into one entity that contains other resources, such as social services, which are critical to the resolution of a family’s problems. This coordination of services includes substance use disorder counseling, dispute resolution, restitution and probation, volunteer services, community outreach programs, and enforcement of family financial support. In addition, the office of the family court administrator can serve as a liaison to agencies that provide other services, such as individual and group counseling, mediation, and forensic psychiatric and crisis intervention services.²⁸

Community outreach programs should be an integral part of unified family courts. They have numerous benefits, including educating the public about the workings of the court, facilitating prevention programs (parenting classes, and prevention and treatment of sexual abuse and substance use disorders), strengthening the relationship between families in court and their communities, and assisting in the delivery of other court services.²⁹



Policy and legislation

Policymakers and judges should be engaged in their communities' efforts to confront substance use disorders, simply to guarantee that everyone benefits from the healing power of long-term recovery. Governors, legislative leaders, and chief judges need to provide personal, continuous leadership to prevent and address alcohol and drug problems. States should review and update policies that control their alcohol and drug policies, including authorizing prevention and treatment agencies. Laws and regulations that prevent recovering individuals from getting jobs, education, and other services needed for successful reintegration also should be reviewed and updated.³⁰

Communities have the authority to hold policymakers accountable for their approach to help people receive treatment and recovery support services. Organizations and independent social agencies can band together with government agencies to form advisory councils that hold elected officials responsible for providing needed leadership and guidance for policies relating to substance use disorders.³¹ For additional recommendations and insight into how elected officials can improve their local or statewide policies, please review Join Together's recent recommendations titled ***Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment***. To view or order a free copy of this report, please visit www.jointogether.org/aboutus/policy-panels/blueprint/order-form.html.

Engaging the community...

"We need to make sure that anyone suffering the ravages of chemical addiction has the access to treatment, and the opportunity to experience the recovery I have been enjoying for the past 26 years."

Any person can make a difference in the community by raising awareness of treatment and recovery from substance use disorders. This September, ***Recovery Month*** will be recognized by hundreds of communities and thousands of people all across the country. Whether you are a civil service worker or just a concerned member of the community interested in making a difference, you can help celebrate ***Recovery Month*** this September and beyond in the following ways.

1. **Share your story.** Congressman Ramstad makes it his mission to spread his tale of dependence on alcohol and his long-term recovery from it. Let people who may be suffering know that they are not alone and share how you or a family member was able to rise above personal obstacles and embark on a path of recovery.
2. **Pool resources, services, and knowledge.** Evaluate the status of local agencies that come in contact with people who have substance use disorders or their families, and pay particular attention to how these groups communicate with each other. Make it a point to consistently look for new ways to integrate all of the resources in your community and make them known to the public.

3. **Help people in the criminal justice system.** People who are incarcerated or on probation may need more guidance and assistance in reclaiming their place in the community than others. Make sure there are systems in place to help people in the justice system get their lives on track.
4. **Sponsor nonprofit organizations.** Local nonprofit groups that address substance use disorders, treatment, and related issues can offer a wealth of insight and knowledge to those in the civil service arena. Offering grants to these groups can help fund necessary research and programs that will ultimately help the community as a whole.

For more resources that can help policymakers, civil service workers, and justice system representatives, please consult the “State and Local Resources” and “Justice System” sections in the “*Recovery Month Resources*” brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

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